



# Managed Care Enrollment and Payment Conference



September 18<sup>th</sup> and 19<sup>th</sup>, 2003

**Centers for Medicare & Medicaid Services**  
7500 Security Boulevard  
Baltimore, Maryland

Conference will be held at the Wyndham Inner Harbor  
Hotel, Baltimore, MD

**Business Casual Attire**

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## Thursday September 18, 2003

- Registration 7:30 – 8:30
- Welcome and Introduction 8:30 – 9:00
- Session 1 9:00 – 10:30

### **Change to Risk Adjustment Payment: Community-Based/Institutional vs. Long-Term Institutional.**

This session will explain the payment changes associated with the new risk adjustment payment model. In this model, for 2004, payment can be based on 3 different risk adjustment factors.

Speaker: Mel Ingber, CMS

### **Change to ESRD Payment Methodology for 2005**

In 2005, ESRD payments will include a risk adjustment component. There will be 3 different factors and 2 separate rate books used. The factors will be aligned with the ESRD statuses of Dialysis, Transplant and Post-Transplant.

Speaker: Mel Ingber, CMS

### **Risk Adjustment Payment Impact**

In 2004, 30% of MCO payment will be calculated using a new risk adjustment methodology. This session will provide a description of the differences between 2003 and 2004 payments; including changes to the Monthly Membership Report. Included in this session is the Hierarchical Condition Category Report review.

Speakers: Kim Miegel, CMS; Jeff Grant, CMS

- **Break – 10:30 – 10:50**
- **Session 2 10:50 – 11:20**

### **Working Aged – A New Approach to the Working Aged Rate**

CMS has changed the way MCOs will be paid for their working aged members and how the number of working aged members will be reported to CMS. This session will describe the new annual survey process, MCO reporting and H number factor for payment.

Speaker: Marla Kilbourne, CMS

- **Session 3 11:20 – 12:00**

### **New End Stage Renal Disease Database**

Update on the implementation and use of the new End Stage Renal Disease Beneficiary Database. This session will provide information on the use by providers and the manner in which Plans are using the database to update information and reconcile health status for payment.

Speaker: Daniel McGuire, Computer Sciences Corporation

- **Luncheon Speakers 12:30 – 1:30**

### **HIPAA – The Year of Implementation 2003**

The complexity of the HIPAA Legislation to the Managed Care environment is greater than anyone may have originally anticipated. There will be a luncheon panel addressing why the privacy rules are necessary – a view after implementation and why there are transaction sets.

Anne Doyle, Compliance and Privacy Officer at Tufts Health Plan, Tufts Health Plan, Waltham, MA.

Ann is responsible for managing corporate-wide implementation of the HIPAA privacy rules including for Secure Horizons, the Medicare + Choice contract. Anne will address the privacy rules.

Diane Stone, Consultant, Wellesley, MA

Diane is a former Vice President of an HMO and former Vice President of Scheur Management Group, a company that brought up numerous Medicare risk contracts. Diane's expertise is in transaction sets.

- **Session 4 1:30 - 2:30**

### **Medicare + Choice PPO Product Update**

This session will provide attendees with an update from both CMS and a PPO on the introduction of PPO M+C products and membership information. The PPO will provide its perspective of what they did with their product, membership, enrollment differences, how this product differs from the Medicare+Choice HMO product.

Speakers: Debbie Van Hoven, CMS; Maro Titus, GHI, New York, New York

- **Break 2:30 – 3:00**

### **Session 5 3:00 – 3:30**

### **Alternative Monitoring Strategy**

A new alternative to MCO monitoring. MCOs may volunteer to participate in the certification program in lieu of the regular biennial monitoring visit. This session will outline the concepts and criteria to participate in the program.

Speaker: Jerry Mulcahy, CMS

- **Session 6 3:30 – 4:30**

### **Using the Monitoring Guide as an MCO Internal Audit Tool**

Learn how Group Health Plan of Puget Sound uses the CMS Contractor Performance Monitoring Guide as an internal audit tool.

Speakers: Group Health Plan of Puget Sound

- **Session 6 4:30 – 5:00**

**Plan Benefit Package – Non renewals**

As 2003 ends, members must be enrolled in a valid 2004 PBP. This presentation will explain the actions to be taken by MCOs to ensure that their members are not disenrolled and that they are assigned to an appropriate PBP.

Speakers: Kim Miegel, CMS, Jacqueline Buise, CMS

- **Session 7 5:00 - 5:30**

**Questions and Answers –At the end of each day**

Attendees will have an opportunity to ask questions directly of CMS staff and receive feedback. Question cards will be available on the tables throughout each day and Participants can write down their questions and give them to the Registration Staff at any time. Questions collected during the day will be answered during this session, along with questions from the audience.

## **Friday September 19, 2003**

- **Session 1 8:30 – 9:30**

**Medicare Managed Care System (MMCS)**

MMCS parallel processing with the current system will occur from December 2003 – April 2004. Implementation of the MMCS is expected to occur soon afterwards. This session explains how the new system will impact transmission of your membership data and accessing your monthly reports. The changes will be largely transparent to the MCOs.

Speaker: Phyllis Kay, CSC Project Director

- **Session 2 9:30 – 10:30**

**CMS's Payment Validation Contractor Reports on Retro Payment Adjustment Activity**

Information from Integriguard on the activities for the year will include lessons learned regarding the change in processes, statistics, probe studies and enrollment certifications.

There will be a discussion of the first round of probe studies and questions will be answered about the process. There will be a discussion of how enrollment certifications are to be handled.

Speakers: Peggy Stessman, Kathy Goeser, Integriguard

Note: (In addition there will be 2 separate workshops available with Integriguard – 1. Payment validation/payment adjustment; 2. Retro Enrollment/Disenrollment)

**Break 10:30 – 10:45**

- **Session 3 10:45 – 11:15**

**Plan Views on Enrollment and Payment Reconciliation**

Plan presentation by Multi-Sited Plan on their perspective of the processes used for reconciliation with the new Contractor. Specifically this presentation will discuss the submission of enrollment and payment retroactive adjustments in an electronic format.

Speaker: Gracie Baldwin, Humana

- **Session 4**

**Breaking News – If any !**

- **Closing Remarks**

Speaker: Marla Kilbourne

**Working Sessions 1:00 – 4:00**

There will be no registration for these sessions. The working sessions will be held consecutively and there will be three sessions for each topic. The Cost Contract session will be held only once.

- **“How to” sessions with Integriguard**

There will be 2 separate working sessions with Integriguard

**Session I – Enrollments/Disenrollments**

This session will address retroactive enrollments, Disenrollments, and Plan Benefit Package changes.

**Working session leaders:** Integriguard and CMS Enrollment Policy Staff

**Session 2 - Processing Retroactive Health Status/Demographic Data**

This session will address the process for submitting retroactive health status (ESRD, Institutional, Medicaid, WA) /demographic status (SCC) adjustment requests to Integriguard.

**Working session leaders:** Integriguard staff and CMS DEPO Staff

- **Medicare Managed Care Systems - MMCS**

Demonstration session on the MMCS system

Session Leaders: Mary Sincavage, CMS, Laquia Marks, CMS

- **Cost Plans Only Question and Answer Session**

This will be a Q & A session for cost Plans only to discuss any current issues.

Session leaders: Ken Priller, CMS, Peter Castellano, CMS

